

1. A system for reviewing medical treatment claims provided by a plurality of practitioners to a plurality of insurance entities for the determination of the appropriateness of the medical treatment claims, comprising:

2. The system in accordance with claim 1, wherein said clearing house pays the proper practitioner once said clearing house has determined that a particular claim submitted by that practitioner to said clearing house is appropriate.

4. The system in accordance with claim 1, wherein said software determines the appropriateness of each of the claims based upon the total number of claim hours submitted by one of the practitioners for a particular duration of time.

6. The system in accordance with claim 1, wherein said clearing house is provided with a memory containing a list of treatment codes and a list of diagnostic codes.

7. The system in accordance with claim 6, wherein said clearing house determines the appropriateness of each claim based reviewing a treatment code with respect to a diagnostic code for a particular patient.

8. The system in accordance with claim 6, wherein said clearing house determines the appropriateness of each claim based upon a determination that a plurality of said treatment codes are mutually exclusive.

9. The system in accordance with claim 2, wherein said clearing house is paid by the appropriate insurance entity when said clearing house pays the proper practitioner.

10. The system in accordance with claim 1, further including a device for entering data provided at each of the practitioner locations.

11. The system in accordance with claim 10, wherein said device includes a bar code reader.

12. The system in accordance with claim 10, wherein said device includes a keyboard.

13. A method of determining the appropriateness of a treatment claim submitted by one of a plurality of practitioners to one of a plurality of insurance entities, the claimed treatment claim covering a treatment prescribed to a patient based upon a particular diagnosis or condition, comprising the steps of:

establishing a clearing house for examining each of the treatment claims;

submitting one or more treatment claims to said clearing house;

reviewing each of the treatment claims to determine the appropriateness of each of the treatments; and

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14. The method in accordance with claim 13, including the step of having said clearing house pay the practitioner if said reviewing step indicates that a particular submitted treatment claim was appropriate.

16. The method in accordance with claim 13, wherein said reviewing step determines whether one of the practitioners has submitted more than one treatment claim for a single treatment period of time.

18. The method in accordance with claim 17, wherein said duration of time is a work day.

20. The method in accordance with claim 13, wherein said reviewing step includes comparing more than one treatment code included in said treatment claim with one another.

21. The method in accordance with claim 13, further including the step of obtaining a pre-authorization from one of th insurance entities for the treatment covered by said treatment claim.

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